



**MILITARY FAMILY FREEDOM  
PROFESSIONAL LICENSING AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ being duly sworn, hereby deposes and say:

1. I am over the age of 17 and am a resident of the State of Mississippi, as required by MISS. CODE ANN. § 73-50- 1 (6). I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.
  
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
  - a. I hold a current and valid \_\_\_\_\_ (type) license in good standing in the State of \_\_\_\_\_ (where licensed).
  - b. I have held this license from the Occupational Licensing Board in that State for at least one (1) year.
  - c. I attest that I have completed the minimum educational requirements, work experience, examination requirements, and clinical supervision requirements in effect in the state that issued by current valid license;
  - d. I am a resident of Mississippi and have submitted proof of residency in a format preapproved by the Board.
  - e. I have not committed any act in the state that issued by current valid license that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed.
  - f. I do not have a disqualifying criminal record as determined by this Board under Mississippi law.
  - g. I have not surrendered any license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state.
  - h. I do not have a complaint, allegation, or investigation pending before any licensing board in any state that relates to unprofessional conduct or an alleged crime.
  - i. I have paid all applicable fees in Mississippi.

**Perjury** is the voluntary violation of an oath or vow (spoken or written) either by swearing to what is untrue or by omission of what has been promised under oath.

By signing this affidavit, I certify that the information provided above is true and accurate under penalty of perjury.

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

Notary Public